



# Hepatitis B Case Management System



***B-FREE***

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Maryland Center for Immunization

Epidemiology & Disease Control Program  
Department of Health & Mental Hygiene



# Outline

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Overview

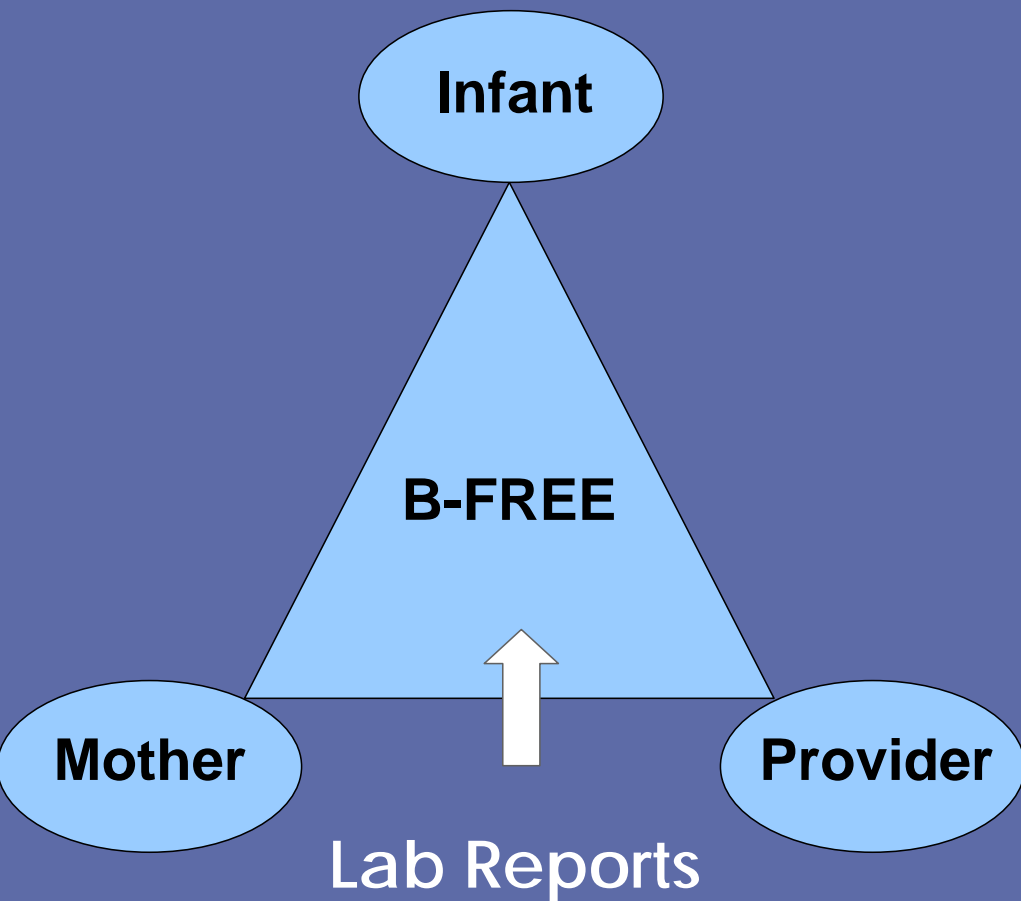
Historical Background

System Features

Strengths / Limitations

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# B-Free

- Case management
  - On-line data entry
  - Reports
- 

Integrates mother, infant, provider, and laboratory data.

# Background

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B-First (Access – based, 1998)

Louisiana model

B-Free launch (and crash), 2004

B-First

B-Free – current status



# ImmuNet

## Maryland's Immunization Registry

[Login To ImmuNet](#)[Get More Information](#)[View Online Demonstration](#)[Immunet Providers and Partners](#)[Email ImmuNet Staff](#)[Document Center](#)[Login for ImmuNet Training](#)[ImmuNet Home](#)

April 26, 2007

**Welcome to the ImmuNet!**  
**Maryland's Statewide Immunization Registry!**

**Need Help?**  
**Contact the ImmuNet Staff**  
**410--767-6606**  
**410-767-6794**  
[mdimmunet@dhmh.state.md.us](mailto:mdimmunet@dhmh.state.md.us)

### Latest News

In January 2005, we had 14 enrolled providers.

In January 2006, we had 75 offices enrolled.

As of today, January 2007, we are five offices short of our 2006 goal of 200 Immunization providers!

# NEWS

Of course these numbers do not reflect the nine county schools systems, the eight private schools and the ten partners who also use ImmuNet to decrease vaccine-preventable disease in Maryland.

# B-FREE

## Login Successful

Hello, **STACEY NELOMS!**

Welcome to the B-FREE application!

- ▶ **Home**
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Search	
<b>Case Detail</b>	
Case Number: <input type="text"/>	Case Worker: <input type="text" value="TECHNOLOGIES, SCIENTIFIC"/>
County/Parish: <input type="text" value="All"/>	
Date Case Opened Range: <input type="text"/> to <input type="text"/>	
<b>Mother's Criteria</b>	
Mother First Name: <input type="text"/>	Mother Last Name: <input type="text"/>
Mother DOB: <input type="text"/>	
<b>Infant's Criteria</b>	
Infant First Name: <input type="text"/>	Infant Last Name: <input type="text"/>
Infant Birth Date Range: <input type="text"/> to <input type="text"/>	
<b>Contact's Criteria</b>	
Contact First Name: <input type="text"/>	Contact Last Name: <input type="text"/>
<input type="button" value="Clear"/> <input type="button" value="Search"/>	

Search Results			
Case #	Date Opened	Mother's Name	DOB
18207	03/21/2006	ANDERSON , ANDI	

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Place of Birth

**Mother's Case Detail**

Case Number:		Project:	B-FREE
Diagnosis:	- Select -	EDC:	
Status:		Case Worker:	- Select -
Date Case Opened:			

**Mother's Detail**

First Name:		Birth Date:		Age:	
Middle Name:		Maiden Name:			
Last Name:					
State Assigned #:		Medicaid #:			
Race:	- Select -	Ethnicity:	- Select -		
Language:	- Select -				
Place of Birth:	- Select -				
Time Frame Opened:	- Select -	Refugee:	- Select -		
Home Phone:		Work Phone:			
Address:		City:	- Select -		
State:	MD	ZIP Code:			
County/Parish:	- Select -				
Alternate Contact:					
Home Phone:		Work Phone:			

**Mother's Provider Detail**

Prenatal Care Practice:	Select from list: - Select -
	OR Enter new:
Prenatal Care Provider:	Select from list: - Select -
	OR Enter new (last, first):





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Case Number:	18207	EDC:	
Diagnosis:		Case Worker:	TECHNOLOGIES, SCIENTIFIC
Date Case Opened:	03/21/2006	Status:	ACTIVE

**Mother's Detail**

First Name:	ANDI	Birth Date:	Age:
Middle Name:		Maiden Name:	
Last Name:	ANDERSON		
State Assigned #:		Medicaid #:	
Race:		Ethnicity:	
Language:			
Place of Birth:	LIECHTENSTEIN		
Time Frame Opened:	3RD TRIMESTER	Refugee:	
Home Phone:		Work Phone:	
Address:		City:	
State:	MD	ZIP Code:	
County/Parish:	BALTIMORE CITY		
Alternate Contact:			
Home Phone:		Work Phone:	

**Mother's Provider Detail**

Prenatal Care Practice:		Prenatal Care Provider:	
Prenatal Chart #:		# Prenatal Visits:	
Delivery Facility/Hospital:		Delivery Provider:	
Mother's Chart #:			

**Mother's Lab Detail**

Lab Date	HBsAg	anti-HBs	anti-HBc Total	anti-HBc IgM	HBeAg	Lab Name
10/20/2005	POSITIVE					TEST

[Delete Case](#)[Edit](#)

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Case Number:	18207	Case Mother's Name:	ANDI ANDERSON
Project:	B-FREE		
County/Parish:	BALTIMORE CITY	Case Worker:	TECHNOLOGIES, SCIENTIFIC

**Infant Detail**

Status:	Active follow-up		
Date Birth Reported:	10/20/2005	Medicaid #:	
Preg #:		Birth Order:	0
Birth Date:	10/20/2005	Birth Time:	12:00:00 AM
Time Frame Opened:		Reporting Source:	Epidemiologist
First Name:	AMY		
Middle Name:		Gender:	
Last Name:	TEST	Race:	
Alias Last Name:		Ethnicity:	

**Infant's Provider Detail**

Infant's Delivery Facility Chart #:	
Pediatric Practice:	Pediatric Provider:
Pediatric Chart #:	

**Vaccine Details**

HBIG Date	10/20/2005	HBIG Time	12:00:00 AM		
Hep B #1	Hep B #2	Hep B #3	Hep B #4	Hep B #5	Hep B #6
10/20/2005	11/21/2005				

**Infant's Lab Detail**

Lab Date	HBsAg	anti-HBs	anti-HBc Total	anti-HBc IgM	HBeAg	Lab Name

[Delete Infant](#)[Immunet Vaccination Import](#)[Edit](#)

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Case Number:	18207	Case Mother's Name:	ANDI ANDERSON
Project:	B-FREE		
County/Parish:	BALTIMORE CITY	Case Worker:	TECHNOLOGIES, SCIENTIFIC

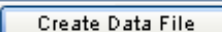
**Case Notes**[Edit](#)

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## Mail Merge Reminder Recall

Report:	Infants Needing HepB Vaccination
County/Parish:	Infants Needing HepB Vaccination
Case Worker:	Infants Needing HepB Serology
	Contacts Needing HepB Vaccination
Action Required Dates:	Mothers Needing Follow-Up



**Please Note:**

The data file generated is formatted for use with Microsoft Word's Mail Merge.

1. Select appropriate criteria for letters to be generated and click 'Create Data File' button.
2. When 'File Download' dialog box appears, click 'Save' button.
3. Select location to save file and click 'Save' button.
4. When 'Download Complete' box appears, click 'Close' button.
5. Open appropriate form letter in Microsoft Word and click on 'Find Data Source' button.
6. When 'Open Data Source' box appears, find text file saved in step 3. In order to locate file, make sure that the 'Text Files' option is selected from the pull-down list next to, 'Files of Type' at the bottom of the box.
7. Highlight file name and click 'Open' button.
8. Form letter will appear. Click 'Merge' button on toolbar.
9. When 'Merge' box appears, click on 'Merge' button to populate letters with names and addresses.



## Annual Assessment of Progress Toward Goals to Prevent Perinatal HBV Transmission

*Final Data for CY 2006*

Assessment of the perinatal program includes *ALL* services provided by your agency *AND OTHER* providers.

Project Name:

**MARYLAND DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**

Person Completing Report

GREG REED

Date Completed

04/26/2007

Email Address

1. Does your state/project currently have a law/regulation that requires the following?

Yes

No

☐☒

a. Screen all pregnant women for HBsAg during each pregnancy? \*

☐☒

b. Report all HBsAg-positive pregnant women? \*

*\* Select YES only if the law requires reporting of pregnancy status.*

*IF NEW OR REVISED IN THE PREVIOUS 12 MONTHS, PLEASE MAIL or FAX A COPY.*

2. What percentage of ALL pregnant women is currently screened for HBsAg in your state/project?

90

% Of all pregnant women

☐

Don't know

3. What methods did you use to determine the percentage of women screened in question 2? (check all that apply)

Yes

No

☒☐

a. Survey hospital birth records from hospital of vital records based sampling.

If Yes, what year was record review conducted?

☐☒

b. Survey provider practices

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## Facility List

Name	Type	City	Phone Number
ABINGTON HOSPITAL	Delivery Facility/Hospital		
ADAMS WOMEN'S HEALTH	Prenatal Care Practice		
ALEXANDRIA HOSPITAL	Delivery Facility/Hospital		
ALTER, KRINN. WOLFGAM	Prenatal Care Practice	Bethesda	(301)530-2235
ANN WERNER	Pediatric Practice		
ANNA HEALTH CENTER MTY	Prenatal Care Practice		
ANNAPOLIS HEALTH CENTER MTY	Prenatal Care Practice		
ANNAPOLIS OB-GYN	Prenatal Care Practice		
ANNAPOLIS OB/GYN	Prenatal Care Practice		
ANNAPOLIS PEDIATRICS	Pediatric Practice		
ANNARUNDEL MED CENTER	Delivery Facility/Hospital		
ANNE ARUNDEL MEDICAL CENTER	Delivery Facility/Hospital		
ANTIETAM PEDIATRICS	Pediatric Practice		
ARLINGTON HOSPITAL	Delivery Facility/Hospital		
ARUNDEL PEDIATRICS	Pediatric Practice		
BALTIMORE MEDICAL SYSTEM - PEDIATRICS 443-703-3200	Pediatric Practice		
BALTIMORE MEDICAL SYSTEMS AT ST. AGNES	Prenatal Care Practice		
BAYSIDE PEDIATRICS	Pediatric Practice		
BAYVIEW CAP PROGRAM	Prenatal Care Practice		
BAYVIEW MED CENTER	Delivery Facility/Hospital		
BELAIR ROAD FAMILY HEALTH CENTER	Pediatric Practice		
BELAIR-EDISON FAMILY HEALTH CENTER 410-558-4800	Pediatric Practice		
BELCREAT MTG	Prenatal Care Practice		
BELCREST CLINIC	Prenatal Care Practice		

# Strengths

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- Web-based (on-line data entry)
  - Good tool for case management
  - Consolidation of cases
  - Facilitates county to county transfer
  - CDC Annual Report
  - Utilization of a vendor
- 

# Limitations

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- Utilization of a vendor
- Upgrades / maintenance
- Original system designed for another state.





# Acknowledgements

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Local Health Departments  
County Coordinators, Staff and others

DHMH Staff  
Jennifer Edwards, Kimberly Sharpe,  
Greg Reed, Mary Ann Harder





# Questions?

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